

UNITED STATES HOUSE OF REPRESENTATIVES**FORM B****FINANCIAL DISCLOSURE STATEMENT**

For New Members, Candidates, and New Employees

APR 30 2010**Page 1 of 11**Name: Angela D. Craig

Daytime Telephone

FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: <u>Minnesota</u>	District: <u>2</u>	<input type="checkbox"/> Check if Amendment	Period Covered: <u>January 1, 2017</u> to <u>March 31, 2018</u>	(Office Use Only)
	<input type="checkbox"/> Candidates – Date of Election: <u>November 6, 2018</u>	<input type="checkbox"/> New Officer or Employee	<input type="checkbox"/> Employing Office: _____			
						A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:		
a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?		

C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

Yes No

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: **Angela D. Craig**

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BLOCK A		BLOCK B												BLOCK C												BLOCK D											
Assets and/or Income Sources		Value of Asset												Type of Income												Amount of Income											
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.		Indicate value of asset at close of the reporting period. If you produced \$1,000 or more with a fair market value, please use a valuation method other than fair market value, specify the method used.												For all other production of income and with a fair market value, please indicate value of asset at close of the reporting period. If you generated \$1,000 or more with a fair market value, please use a valuation method other than fair market value, specify the method used.												Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.											
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		For rental and other real property held for investment, provide a complete address or description, e.g., "rental property", and a city and state.												If an asset was sold during the reporting period and is included in the "Tax-Deferred" column, Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.																							
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.		For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												Check "None" if no income was earned or generated.																							
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.		For all privately-held funds, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.												Check "None" if no income was earned or generated.																							
If you report a privately-held fund that is an Excepted Investment Fund, please check the "EIF" box.		For all privately-held funds, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.												Check "None" if no income was earned or generated.																							
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.		None												Check "None" if no income was earned or generated.																							
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.		\$1-\$1,000												\$1-\$1,000																							
SP, LT, Examples:	EIF	\$1,001-\$15,000												\$1,001-\$15,000																							
AMERICAN FUNDS IRA		X	\$15,001-\$50,000												\$15,001-\$50,000																						
Investment Company of America (SEP)		X	\$50,001-\$100,000												\$50,001-\$100,000																						
SP (ROTH)		X	\$100,001-\$1,000,000												\$100,001-\$1,000,000																						
SP		X	Over \$1,000,000												Over \$1,000,000																						
SP, LT, Examples:		X	Spouse/DC Asset over \$1,000,000*												Spouse/DC Asset over \$1,000,000*																						
AMERICAN FUNDS IRA		X	None												None																						
Investment Company of America (SEP)		X	\$1-\$200												\$1-\$200																						
SP (ROTH)		X	\$201-\$1,000												\$201-\$1,000																						
SP		X	\$1,001-\$2,500												\$1,001-\$2,500																						
SP, LT, Examples:		X	\$2,501-\$5,000												\$2,501-\$5,000																						
SP		X	\$5,001-\$15,000												\$5,001-\$15,000																						
SP, LT, Examples:		X	\$15,001-\$50,000												\$15,001-\$50,000																						
SP		X	\$50,001-\$100,000												\$50,001-\$100,000																						
SP, LT, Examples:		X	\$100,001-\$1,000,000												\$100,001-\$1,000,000																						
SP		X	Over \$1,000,000												Over \$1,000,000																						
SP, LT, Examples:		X	Spouse/DC Income over \$1,000,000*												Spouse/DC Income over \$1,000,000*																						
AMERICAN FUNDS IRA		X	None												None																						
Investment Company of America (SEP)		X	\$1-\$200												\$1-\$200																						
SP (ROTH)		X	\$201-\$1,000												\$201-\$1,000																						
SP		X	\$1,001-\$2,500												\$1,001-\$2,500																						
SP, LT, Examples:		X	\$2,501-\$5,000												\$2,501-\$5,000																						
SP		X	\$5,001-\$15,000												\$5,001-\$15,000																						
SP, LT, Examples:		X	\$15,001-\$50,000												\$15,001-\$50,000																						
SP		X	\$50,001-\$100,000												\$50,001-\$100,000																						
SP, LT, Examples:		X	\$100,001-\$1,000,000												\$100,001-\$1,000,000																						
SP		X	Over \$1,000,000												Over \$1,000,000																						
SP, LT, Examples:		X	Spouse/DC Income over \$1,000,000*												Spouse/DC Income over \$1,000,000*																						

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Angela D. Craig

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Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Angela D. Craig

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BLOCK A		BLOCK B												BLOCK C													
		Assets and/or Income Sources						Value of Asset						Type of Income						Amount of Income							
SP. DC. JT	ASSET NAME	EF	A	B	C	D	E	F	G	H	I	J	K	L	M	Current Year						Preceding Year					
																I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
JT	Franklin Utilities - Class A	X																									
JT	Franklin Mutual Global Discovery - Class A	X																									
JT	Franklin Equity Income - Class A	X																									
JT	Franklin Income - Class A	X																									
JT	Franklin US Gov't Money Market	X																									
BANK ACCOUNTS																											
U.S. Bank Accounts																											
E*Trade Bank Accounts																											
Home Federal Accounts																											
ABOTT INVEST. 401(k) *1																											
Invesco Diversified Dividend RS 2025																											
State Street Target Retirement																											
CB Large Cap Growth *2																											
American Growth Fund of America																											
Janus Enterprise 1																											

Use additional sheets if more space is required.

*1 - See Note 1 on Page 11

*2 - See Note 2 on Page 11

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Angela D. Craig

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset												BLOCK C Type of Income												BLOCK D Amount of Income																						
		A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII										
SP. DC.	ASSET NAME	EF																																														
	American Washington Mutual Investor																																															
	JP Morgan Midcap Value 15	x																																														
	American Century Small Cap Val 1	x																																														
	State Street Russell Sm/Mid Cap Index K																																															
	Harbor International Inst.	x																																														
	American Europacific Growth																																															
	Janus Balanced 1	x																																														
	SMITH & NEPHEW EXEC. PLAN (RETIREMENT)																																															
	Vang Morgan Growth Adm	x																																														
	Hartford Mid Cap Y	x																																														
	Vang Ext Mkt Idx Inst	x																																														
	Vang Target Ret 2035	x																																														
	DEFERRED COMP																																															
	American Century Small Value Inst.	x																																														
	AMG Gw&K Sm/Mid Cap Z	x																																														

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Angela D. Craig

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BLOCK A		BLOCK B												BLOCK C												BLOCK D																	
		Assets and/or Income Sources												Value of Asset												Type of Income																	
Sp. Dc. Jr.	ASSET NAME	Current Year												Preceding Year												Current Year																	
		A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII					
JT	Harbor International Inst I	X													None																												
JT	American Funds Europacific Growth RG														\$1-\$1,000																												
JT	Invesco Diversified Dividend RS	X													\$1,001-\$15,000																												
JT	GMO Global Asset Alloc RG														\$15,001-\$50,000																												
JT	Clearbridge Large Cap Growth	X													\$50,001-\$100,000																												
JT	American Funds Growth Fund of America RG		X												\$100,001-\$250,000																												
JT	JP Morgan Midcap Value 15	X													\$250,001-\$500,000																												
JT	Janus Balanced I	X													\$500,001-\$1,000,000																												
JT	American Washington Mutual Inv. R6		X												\$1,000,001-\$5,000,000																												
JT	Janus Enterprise I	X													Over \$5,000,000																												
JT	Vanguard Int'l Inst. Plus	X													Spouse/DC Income over \$1,000,000*																												
INVESTMENTS																																											
JT	AMCAP - Class A	X													X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
JT	American Balanced - Class A	X													X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
JT	Capital Income Builder - Class A	X													X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Angela D. Craig

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Use additional sheets if more space is required.

*3 - See Note on Page 11

SCHEDULE C – EARNED INCOME

Name: Angela D. Craig

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House

Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$76,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
St. Jude Medical * 4	Income * 5	\$65,609.89	\$4,797,790.70
Self - Employed (Consultant)	Spouse Salary	N/A	N/A
Human Rights Campaign Foundation	Spouse Salary	N/A	N/A
Hamline University	Spouse Salary	N/A	N/A

Use additional sheets if more space is required.

*4 - See Note 4 on Page 11

SCHEDULE D – LIABILITIES

Name: Angela D. Craig

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Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

*Column K is for liabilities held solely by your spouse or dependent child.

Creditor SP. DC, JR	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability									
			A	B	C	D	E	F	G	H	I	J
Example First Bank of Wilmington, DE	598	Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000									
N/A			\$15,001-\$50,000									
N/A			\$50,001-\$100,000									
N/A			\$100,001-\$250,000									
N/A			\$250,001-\$500,000									
N/A			\$500,001-\$1,000,000									
N/A			\$1,000,001-\$5,000,000									
N/A			\$5,000,001-\$25,000,000									
N/A			\$25,000,001-\$50,000,000									
			Over \$50,000,000									
			Over \$1,000,000* (Spouse/DC Liability)									

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members** and **second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Board Member	Inver Hills Community College Foundation
Member	Rotary Club of Eagan
Advisor	Structural, Inc.

SCHEDULE F – AGREEMENTS

Name: Angela D. Craig

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
Dec. 2008	Angela Craig and St. Jude Medical, Inc.	Company Change of Control Severance Agreement
Dec. 2007	Angela Craig and St. Jude Medical, Inc.	Agreement to Participate in Management's Deferred Compensation Savings Program
May 2002	Angela Craig and Smith & Nephew	Agreement to Participate in Company Retirement Plan

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

Name: Angela D. Craig

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NOTE NUMBER	NOTES
1	ff/k/a Fidelity Investment. Assets formerly held under Fidelity Investment transferred to Abbott Investment during this reporting period due to a merger.
2	ff/k/a CB Long Term Growth.
3	A Delaware corporation with the principle place of business in St. Paul, MN.
4	St. Jude Medical, Inc. was sold to Abbott Laboratories in 2017. Candidate ended her employment with St. Jude Medical/ Abbott on February 3, 2017.
5	Income includes all salary, stock, stock options, deferred compensation, benefits and other contractual sources of compensation.

Use additional sheets if more space is required.